

ISSUE SLIP STAMP AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>F. Moore</i>		<i>08-31-01</i>
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	<i>AB</i>	<i>TC-916</i>	<i>10-11-01</i>
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 (Through numeral)..... Canceled A Appeal
 + Restricted O Objected

Claim	Final	Original	Date
1	✓	✓	
2	✓	✓	
3	✓	✓	
4	✓	✓	
5	✓	✓	
6	✓	✓	
7	✓	✓	
8	✓	✓	
9	✓	✓	
10	✓	✓	
11	✓	✓	
12	✓	✓	
13	✓	✓	
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50	✓	✓	

Claim	Final	Original	Date
51	✓	✓	
52	✓	✓	
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100	✓	✓	

Claim	Final	Original	Date
101	✓	✓	
102	✓	✓	
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147	✓	✓	
148	✓	✓	
149	✓	✓	
150	✓	✓	

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If more than 150 claims or 10 actions
 staple additional sheet here

Part A Paper 20050809

(LEFT INSIDE)

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